

ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XVII.—*Guy's Hospital Reports*. Edited by H. G. HOWSE, M.S., and FREDERICK TAYLOR, M.D. Third Series. Vol. XXIV. 8vo. pp. xx., 498. London: J. & A. Churchill, 1879.

ALWAYS a welcome visitor, the Report of Guy's Hospital for 1879 is not unworthy of its predecessors. It contains twenty papers, of which we will first notice those of surgical interest.

Mr. THOMAS BRYANT opens the volume with a paper of no little importance, *On the Value of Operative Interference in the Treatment of Inflammation of Bone*, being Part IV. of his *Reports on Operative Surgery* in former volumes. He gives twelve cases pertaining strictly to the subject, and illustrating the value of free and early incisions in periostitis and endostitis, resulting generally in speedy relief without necrosis; and also the value of drilling and trephining bone, the subject of chronic inflammation or of suppuration. That we often forget the analogy between the hard and the soft tissues in the various inflammatory processes is only too true, and he who would make an early incision in the soft parts, often waits in similar conditions in the hard, until the bone is hopelessly necrosed or the neighbouring joint involved. Drilling the bone is so easy and simple an operation, that we trust Mr. Bryant's name may tend to popularize it. Should it not relieve, the somewhat more serious operation of trephining may be resorted to.

The third paper also deals with bone, being *Three Cases of Injuries to the Elbow*, by Mr. S. A. WRIGHT. The second case would furnish another argument to Dr. Allis in his war on the time-honoured anterior angular splint, for its application in an epiphysal fracture produced occlusion of the arteries of the forearm for twenty-two days. The boy, we are told, "fell from some banisters." We presume Mr. Wright means fell from a "balustrade."

In narrating the third case (an unusual one of fracture of the head of the radius), the writer proposes two lines for guidance in diagnosing injuries at the elbow, and, although they are not entirely satisfactory, yet in the obscurity which so often surrounds joint injuries, especially in the elbow, we welcome every additional means of diagnosis as of some value. One of these is the old line between the condyles, best taken with the arm in horizontal extension, when the line will be vertical. The other extends from the internal condyle to the head of the radius. This will pass through the upper border of the olecranon and be bisected by its superior and external angle. It is of equal value in all positions of the joint. If the relation of any one of these points to the line is abnormal, displacement is shown, and its cause is to be sought in dislocation or fracture.

The second paper is by Mr. CHARLES HIGGINS, on *Glaucoma*. There is little, if anything, new in the article, not even in his confession of ignorance as to the cause of the increased tension, or the reason of its relief by iridectomy. Brilliant empiricism has outstripped philosophic speculation and physiological experiment, as is not seldom the case in the healing art. Twenty-two cases are reported.

Dr. W. A. BRAILEY contributes also an ophthalmological paper *On the Anatomy of the So-called Pars Ciliaris Retinæ and Suspensory Apparatus of the Lens of the Human Eye*. It has a plate containing six figures illustrating histological

details, and we must refer the reader interested in the subject to the original paper.

Article IX. is a *Note on a Case of Tetanus*, by MESSRS. CARRINGTON and WRIGHT. In the gray matter of the spinal cord, on the right side, in the cervical enlargement, and in the lumbar enlargement on the left, visible cavities were found, two inches in length and about one-sixteenth inch in diameter, in the cervical region, the other much smaller. They were the results of softening, as shown by their margin of débris, which shaded off through a hyperæmic zone into healthy tissue.

Mr. C. H. GOLDING-BIRD has a paper of thirty pages on *Constructive Inflammation and Ulcers*. He enters very minutely into the structure of embryonic tissue, granulation tissue, and cicatricial tissue, showing their relations to each other as well as the individual characters of each; and then into the process of "epitheliation" or "skinning." Ulcers are defined as "a limited area of granulation tissue upon the surface of the body," and their repair he believes to be not a pathological but a physiological process—the normal growth and epitheliation of granulation tissue wherever found. On this idea he shows what are the various kinds of ulcers. The paper is scarcely suited, either by its character or its length, for a place in a volume of hospital reports.

Two allied papers must next be noticed, one by Mr. W. E. PALEY and Dr. J. F. GOODHART, entitled *A Contribution to the Etiology of Scarlatina in Surgical Cases*, as observed in the Evelina Hospital for Sick Children, and the other by Mr. H. G. HOWSE, on *An Epidemic of Surgical Scarlatina*, in Astley Cooper Ward of Guy's, in 1878. The first paper contains details of twenty-five cases of surgical scarlatina (besides some of measles, etc.), all that occurred from 1869 to 1878, while the second, details four cases occurring within a month, the last three, indeed, within eight days. Both Dr. Goodhart and Mr. Howse were originally of opinion that such a roseoloid rash was not scarlatina, but merely one of the first indications of septicæmia. But after observing the probable infection, the sources of which are often most carefully traced, the symptoms, such as the rash, the fever, the sore throat, the desquamation, and the albuminuria, and the infection of others with distinct non-surgical scarlet fever as a sequel, they have been convinced that it is true scarlatina—a conclusion any fair reader can scarcely controvert, especially if he have seen any cases of it himself. The important conclusion, especially applicable to hospitals for children, is well formulated by Mr. Howse: *That any case which develops a high temperature with roseoloid rash, either within a short period after an operation or during the course of some surgical malady involving suppuration or discharges of any kind, ought to be treated by isolation just as if it was a proved case of scarlatina, and not permitted to return to the ward until the period of desquamation is quite passed.* Such a course at once arrested the epidemic giving title to the paper.

Both of the papers definitely support Paget's previously expressed explanations, that either the condition induced by an operation gives a peculiar liability to the reception of the poison, or else, that having received it already, had the patient not been in ill health, he might have resisted it longer or entirely. But they clearly widen the explanation, and make it apply to any local inflammation, especially if attended with suppuration, for one-third of Dr. Goodhart's cases had had no operation at all. Another important fact is, that of the twenty-nine cases seventeen were dressed antiseptically. Mr. Goodhart draws the conclusion that the contagion obtained its hold on them, not through the wound, but in the ordinary way, for if the antiseptic dressing has banished (as it has) from their wards septicæmia, pyæmia, and erysipelas, the poison of scarlatina would probably also

have been prevented access by the wound. Mr. Howse would add to this that had antiseptics not been used, the high temperature induced by the fever would have favoured decomposition in the wound, and so the whole train of septicæmic symptoms would have followed the rash which is so often its initial step; but that this decomposition was prevented by the antiseptic system. Both of them, we believe, are legitimate conclusions.

The next paper to be noticed is the one by Mr. R. C. LUCAS, entitled *Clinical Surgical Studies*. He narrates two cases, both of interest. The first is a successful amputation of the thigh, which illustrates very well the importance of attention to small details, and the happy results which may follow. The patient, æt. 20, had a large osteoid chondroma of the left femur, the result of a fracture. The well leg was wrapped in cotton and flannel, and the body well blanketed to prevent cold. Esmarch's bandage was applied up to the knee, and Lister's tourniquet then applied to the aorta, although it seems not to have arrested the pulsation. An antero-internal flap was dissected, and the vessels secured by two torsion forceps, divided between them, and each end twisted. Lister's method was used, except the spray. Of its value in preventing danger from erysipelas, he is so fully convinced, that he has "twice amputated the leg in the erysipelas ward, and kept the patients side by side with patients suffering from erysipelas until their complete recovery." His recovery was remarkable. Only on four days did the temperature rise above 100°, the highest being 101.2°. He had almost no suppuration, sat up in three weeks, and left the hospital in six with the stump entirely healed. Six months later he was readmitted for a generalized return of the disease in a sarcomatous form, and died six weeks later.

The second case was that of a femoral hernia in a woman suffering from orthopnea and general dropsy, the result of cardiac disease. Twice at an interval of ten months the hernia became strangulated and was operated on, ether being used the first time and chloroform the second, in spite of the cardiac disease. She died eleven days after the second operation, when an unsuspected hemorrhage of large amount was found in the iliac fossa probably from a vein which was greatly engorged from the cardiac trouble. The dropsy, the œdema, and the compulsory erect posture were serious mechanical obstacles in the operations.

Mr. N. DAVIES-COLLEY furnishes two papers. The first records a *Case of Removal of the Uterus and Ovaries for a Fibroid Tumour of the Uterus*, weighing 25 pounds. The value of the antiseptic method is again shown in the fact that only once did the temperature rise to 101°, and no symptom of peritonitis followed. The clamp was removed after sixteen days.

The second is on *The Bloodless Removal of Vascular Tumours*, a subject almost as fertile as that now threadbare topic the "treatment of the pedicle." If we may trust the doctrine of evolution we shall however in time arrive at perfection in both. Mr. Colley's method is modified from Teale's, and has merits not to be overlooked. "Two strong needles threaded with wire sutures transfix the base of the tumour, the needles lying parallel to each other and perpendicular to the long axis of the nævus with their points of entrance and exit at least a quarter of an inch from its margin. A hare-lip pin is next introduced in the same way but at right angles to the needles. India-rubber tubing is next wound beneath the exposed extremities of the needles and pin, and the growth dissected out, leaving the skin over it if it seems but little affected." The needles are then drawn through, the wire sutures are twisted, and the pin and the tubing are withdrawn. No bleeding follows.

W. W. K.

Though fewer in number than the papers of purely surgical interest, the medical papers form the bulk of the volume before us and comprise articles by such well-

known writers as Drs. Wilks, Habershon, Goodhart, Savage, Mahomed, Hilton Fagge, and Frederick Taylor.

The first of these is a long historical paper by Dr. SAMUEL WILKS, on the *Physiology of the Nervous System*, with especial reference to the influence exerted by the older phrenological writers on the development of our knowledge of nerve physiology, particularly such subjects as the relation of brain and mind, the use of the double brain, aphasia, the sense of weight and muscular resistance. The paper will be read with great pleasure by all who are interested in such subjects, but is not an article to which we can at all do justice in an abstract.

The next paper is by Dr. S. O. HABERSHON, and is entitled *Clinical Cases of Disease of the Brain*, divided into three headings of Abscess, Embolism, and Tumour. Under the first heading the author gives a tabular statement of 31 cases of abscess in the brain that had occurred in Guy's Hospital since 1857, when Sir William Gull published the previous cases, with a detailed account of five cases occurring under his care, and one of caries of the cervical vertebræ simulating cerebral abscess. These cases are all interesting and thoroughly reported, but add little light to the obscurity surrounding this subject. The first case under the heading of embolism is mainly of interest as illustrating the fact that aneurismal disease of the brain may occur in young subjects, and is not necessarily connected with advanced life and chronic degeneration of the vessels. A young girl, æt. 16, after two attacks of rheumatism in early childhood, had a convulsion five months before admission to the hospital, which left her with left hemiplegia and partial loss of sensation, from which she partially recovered. Soon after admission, the partial paralysis remaining though there was no loss of sensation, she had an attack of pharyngitis which extended downwards, causing thickening and ulceration of the aryteno-epiglottidean folds and necessitating tracheotomy. She died the next day. She had albuminous urine and a systolic cardiac murmur. At the autopsy an aneurism, half an inch by three-quarters, was found about an inch from the origin of the middle cerebral artery. No emboli were found, though the middle cerebral artery leading to the aneurism contained a little unadherent clot. The temporo-sphenoidal lobes, corpus striatum, outer part of lenticular nucleus, claustrum and external capsule were extensively softened. In addition to the disease of the throat and larynx, the lungs were pneumonic, and the heart showed signs of old endo- and pericarditis; the post-mortem also showed that there had been inflammation of the cellular tissue of the mediastinum, and that a small layer of pus surrounded the recurrent laryngeal nerve, which by producing spasm of the vocal cords serves to explain, in the absence of any œdema glottidis, the intense dyspnoea.

Dr. Habershon has also reported, among other cases under the division of tumours, an interesting case of bulbar paralysis, especially affecting the larynx, in which a glioma was found in the pons and medulla oblongata.

Two cases of *Cancer of the Stomach*, in one case implicating the left lobe of the liver, and in the other causing death by perforation of the cœliac axis, supply Dr. HABERSHON with a text on which he has contributed a concise and graphic account of the symptoms and progress of gastric cancer, with a few suggestions as to the treatment he has found most efficacious. One case seems to illustrate the fact that simple ulcer of the stomach may prove the starting-point of malignant disease, in cases where there is such a tendency, in the same way that a blow on the breast may prove the precursor of cancer, not as its cause, but rather the reason for the mischief selecting that particular part.

The next paper is by Dr. JAMES F. GOODHART, and is entitled *Acute Dilatation of the Heart as a Cause of Death in Scarletinal Dropsy*. In it the author maintains that, in addition to œdema of the lungs, uræmic convulsions, and inflammation of the serous membranes of the thorax, as the causes to which death in scarlatinal

nephritis is usually attributed, acute dilatation of the heart is of frequent occurrence, and will explain many cases of sudden or comparatively sudden death which are not satisfactorily accounted for by the modes of death thought most usual in that disease; and he reports five cases in which death occurred after severe respiratory distress, in four of which post-mortem examination showed extensive dilatation of the left ventricle with thinning of its walls. As regards the causes concerned in the production of this result, he argues that, since there was no valvular disease in any case, the dilatation must have been due to failure of the muscular tissue either in doing its ordinary work or under some special strain, or, as is probably the case, to the existence of both degeneration of tissue, and excessive demand on the cardiac muscle. The latter condition he finds in the increased strain thrown upon the heart by the suddenly augmented arterial tension of acute nephritis, for even in chronic Bright's disease, when the heart has become in some measure accustomed to the strain, and hypertrophy taken place, by which the muscular power has been increased, dilatation will still occur; especially, then, would it be expected that dilatation would occur when the strain comes suddenly on a heart not protected by hypertrophy.

As an instance of the degenerative changes occurring in the cardiac muscle, Dr. Goodhart relates the case of a girl, æt. 13, in which the heart tissue was found in a state of fatty degeneration after scarlatinous nephritis; for this he finds sufficient cause either in the pyrexia, which is known to produce granular degeneration of muscular tissue, or more probably in the anæmia consequent upon the nephritis.

As regards treatment, the indications that the author follows are to endeavour "to counteract or prevent the anæmia which is so constant in renal disease; to prevent, if possible, the arterial tension reaching so high a point as to endanger the functional integrity of the heart; or to relieve the tension if it should occur." For the first he recommends the milder forms of iron, and for both the first and second indications the *timely* administration of the usual eliminants and particularly the hydragogue cathartics. For the third condition he recommends, in addition to the purgatives, the infusion of digitalis.

Dr. FREDERICK TAYLOR has contributed an account of an extremely interesting *Case of Disease of the Brain, with Descending Degeneration of the Spinal Cord*. A boy, æt. 6, after falling on the back of his head gradually lost power over his legs, his gait being unsteady and tottering, frequently seeming to overbalance himself and then quickly save himself from falling with the other leg. There was no absolute paralysis; towards the last three months of his life, eight months after the injury, any voluntary movement of his limbs quickly induced a tonic involuntary spasm. His intelligence was impaired and his eyesight imperfect (central vision only), though the optic disk and fundus were normal; there was no loss of sensation or hearing. On post-mortem examination there were found no evidences of meningitis, though the veins were very full and the cortex very dark; the base appeared normal in all respects. On separating the hemispheres, the posterior half of the corpus callosum was seen to be uniformly dark brown, translucent, and gelatinous. This condition, which the author regards as a form of primary degeneration, extended from the corpus callosum into the white matter of the posterior lobe on each side. Its general distribution may be described as follows: On the left side, besides involving all the white matter of the posterior half of the hemisphere, it ran down in an irregular manner, tongue-like, into the temporo-sphenoidal lobe, destroying only the central portions, and not approaching the gray matter; in the deeper horizontal sections it was seen to involve just the posterior extremity of the lenticular nucleus; the nucleus caudatus was in its greatest extent free. The whole left third frontal convolution was healthy. The

corpora quadrigemina were healthy. On the right side the disease did not advance so far forwards into the hemisphere as on the left side, but no examination was made of the middle or temporo-sphenoidal lobe. The lenticular nucleus was untouched, but the posterior portion of the thalamus (pulvinar) was involved. The hippocampi major and minor were normal on this side. The optic nerves, commissure, and anterior portion of the optic tracts were normal, but posteriorly they led into a mass of gelatinous material which included the corpora geniculata and posterior portions of the optic thalami. Portions of the lower surface of the crura cerebri were dark in colour, though it was not determined whether this was a primary or secondary change; the disease was the same on both sides, most intense on the inner side, and in the form of sharply defined quadrangular patches. The locus niger and substantia ferruginea of the tegmentum were unaffected. In the medulla, pons, and cord the disease occupied the usual seats of secondary degeneration; in the pons, affecting the vertical fibres of the anterior portion, especially those far out, less so those near the raphé. In the medulla, the anterior pyramids were affected, and throughout the spinal cord the posterior portions of the lateral columns adjacent to the posterior cornua were involved. In the cerebellum, the right corpus dentatum was dark and indistinct; on the left it was distinct, but the gray convoluted line excessively dark like the rest of the cerebral gray matter. In the middle peduncle of the cerebellum on the right side, a small dark gray patch was observed, but was not traced out. One of the most remarkable features of the case, however, is the character of the descending degeneration which was found in the spinal cord. It occupied the usual seat of descending degenerations secondary to cerebral hemorrhage or softening, "but it presents the peculiarity of being a double instead of a unilateral lesion. On each side it affects the crus cerebri, the vertical bundles in the anterior half of the pons, and the whole extent of the pyramids of the medulla oblongata. Below this point the diseased parts coalesce, and the lesion becomes single and median in position; it is obvious that we have here the point of decussation affected, and that where in the spinal cord below we find the diseased tracts again separated from one another, corresponding with the posterior part of each lateral column, it is because the two tracts, down which the disease is simultaneously coursing, have met and crossed at the point of decussation of the pyramids in the medulla oblongata." This portion of the contribution is particularly interesting as furnishing pathological confirmation of the observation of Flechsig as to the course of the pyramidal strands.

The next medical article is a long paper by GEORGE H. SAVAGE, M.D., entitled *Some Uncured Cases of Insanity*. He gives the following formidable list of symptoms which have appeared to him specially as of unfavourable omen: "Fatness; voracious and morbid appetite, eating feces; biting and gnawing the nails and fingers; picking of the face; malformations of the head; great sleepiness, and profound sleep that seems unrefreshing; marked changes in the skin, *e. g.*, congestion and thinning; coarse hair; hæmatoma auris, especially if double. Other symptoms are, in some cases, objective enough, but are more related to the subjective mental condition: complete solitariness and self-absorption; complete change in habits and temper; love of gaudy, tasteless dress and decorations; collection of valueless articles and of rubbish; wearing of string and cotton rings on fingers; constant writing of letters, etc.; unreasonable content and discontent. The next list comprises the more common and more obstinate delusions and hallucinations; hypochondriasis; feeling as if not human; feeling criminal, or only fit for prison; hallucinations of hearing—voices, jeers, hootings; hallucinations of sight, smell, and taste; several hallucinations in one patient; 'surrounded by

the invisibles; tempted or influenced; delusions as to influence by surrounding objects; mistakes about sex and persons."

In reference to the force of inheritance in the prognosis, Dr. Savage thinks that although a simple inheritance of insanity or of neuroses has a great influence in producing insanity, and that idiocy or imbecility may arise in consequence, if the person is not attacked before puberty, even though of insane stock, he or she has a better prospect of at least one recovery than a person without such inheritance.

In a very long and able paper on the *Clinical Aspects of Chronic Bright's Disease*, Dr. Mahomed who is best known to us by his studies in sphygmography, contests the ordinary accepted view as to the sequence of events which result in the increased blood-pressure of chronic Bright's disease. Maintaining that instead of this high pressure being produced by the impeded circulation of poisoned blood, and that this poisoned condition of the blood is due to the imperfect elimination of excrementitious material by the kidneys, the condition of affairs should be reversed, and that the poisoned condition of the blood is the starting-point, first for the vascular disturbances, and second for the kidney trouble. The arguments on which he bases this hypothesis are: 1st, that high arterial pressure is found before there is any sign of kidney trouble; 2d, that certain poisons which are known to cause kidney disease, will cause high pressure before there are any signs of kidney failure, and even while they may be unusually active; 3d, that high pressure will often be found in otherwise healthy young persons having a family history of gout or Bright's disease, who will almost inevitably develop the latter; and 4th, that cases of primary kidney trouble, such as surgical or scrofulous kidney, do not have high blood pressure, while cases of acute Bright's disease, "if the poison be acute and temporary," may lose all signs of high arterial pressure during their recovery, even while the kidneys are manifestly crippled. According to this view, then, the high blood pressure and subsequent cardio-vascular changes are the primary and important features of Bright's disease, while the kidney symptoms "are only secondary, and not even essential conditions."

This is an outline of the author's opinion as to the nature of the clinical condition that we recognize as Bright's disease. While we would not be prepared to admit Dr. Mahomed's hypothesis in its entirety, the value of the hope that it extends, that by the early recognition and vigorous treatment of the condition he terms the "pre-albuminuric stage of Bright's disease" the danger may be postponed or perhaps entirely removed, would entitle it to careful study.

R. M. S.

ART. XVIII.—*Lectures on Syphilis of the Larynx, delivered at the Hospital for Diseases of the Throat and Chest, London.—Lesions of the Secondary and Intermediate Stages.* By W. MAC NEILL WHISTLER, M.D., M.R.C.P., Physician to the Hospital, Honorary Physician to the National Training School for Music, etc. 12mo. pp. 88. London: J. & A. Churchill, 1879.

THESE are two lectures delivered at the Hospital for Diseases of the Throat and Chest, London, originally printed in *The Medical Times and Gazette*, and now published, with some slight additions, in book form. They are chiefly based on the author's clinical service in the hospital during a period of five years, many of the cases having been under observation for prolonged periods of several months, some of them, at intervals, for two years.

Lecture I. treats of the earliest manifestations of syphilis in the larynx. After detailing the character of the observations made by a number of laryngoscopists,